STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	155077	A. BUILDING _____ B. WING _____	C 01/27/2011

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
LAKEVIEW MANOR INC	45 BEACHWAY DRIVE INDIANAPOLIS, IN 46224

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETION DATE
F 000	INITIAL COMMENTS This visit was for the Investigation of Complaints IN00083979 and IN00085024. Complaint IN00083979 - Unsubstantiated, due to lack of evidence. Complaint IN00085024 - Unsubstantiated, due to lack of evidence. Survey dates: January 26 and 27, 2011 Facility number: 000032 Provider number: 155077 AIM number: 100273330 Survey team: Debra Skinner RN (TC) Joyce Hofmann RN Census bed type: SNF/NF: 150 Total: 150 Census payor type: Medicare: 26 Medicaid: 104 Other: 20 Total: 150 Sample: 03 Lakeview Manor Inc. was found to be in compliance with 42 CFR part 483, Subpart B and 410 IAC 16.2 in regard to the Investigation of Complaints IN00083979 and IN00085024. Quality review completed 2/7/11 by Jennie Bartelt, RN.	F 000		

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE | TITLE | (X6) DATE

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
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